

PLACE OF BIRTH

County of Maricopa
District of Safford
Town of _____
or _____
City of _____

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154
Co. Register No. 274
Local Registrar's No. 229

FULL NAME OF CHILD

If child is not named, make Supplemental Report on blank obtainable from local Registrar.

{ Born } Yes
{ Alive } NO

Sex of Child <u>Female</u>	Twin, Triplet or other <u>X</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>yes</u>	Date of Birth <u>Dec 26</u> 192 <u>2</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Joseph H. Woolsey</u>			Full Maiden Name <u>Maudie Dalton</u>		
Residence <u>Safford</u>			Residence <u>Safford</u>		
Color or Race <u>white</u>			Color or Race <u>white</u>		
Age at last Birthday <u>54</u> (Years)			Age at last Birthday <u>40</u> (Years)		
Birthplace <u>Arizona Utah</u>			Birthplace <u>Arizona</u>		
Occupation <u>Mason</u>			Occupation <u>housewife</u>		

Number of child of this mother 11 Number of children, of this mother, now living 10 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 26 1922, at 6:30 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) Dr. D. Schenk

(Attending physician, midwife, householder.)*

Given or Christian name added from a

Address Safford

supplemental report _____ 192 _____

Filed 1-9 1923

068-1226-445
COUNTY REGISTRAR.

Filed 1/10

A True Copy

1923

Anna Burns
LOCAL REGISTRAR.
J. M. Heston
COUNTY REGISTRAR.